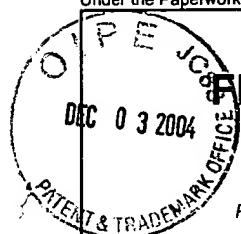


Please type a plus sign (+) inside this box →

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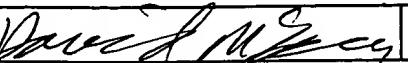
**FEET TRANSMITTAL**

Note: Effective October 1, 2004.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$1220

Complete If Known	
Application Number	09/689,488
Filing Date	October 12, 2004
First Named Inventor	Kevin F. Smith
Group Art Unit	2186
Examiner Name	Zhuo H. Li
Attorney Docket Number	SJ00-00-044

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES			
Deposit Account Number: <u>09-0466</u>		Large Entity Small Entity			
Deposit Account Name: <u>IBM CORPORATION</u>		Fee Code	Fee (\$)	Fee Code	Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance		1051	130	2051	65
		1052	50	2052	25
		1053	130	1053	130
		1812	2520	1812	2520
		1804	920*	1804	920*
		1805	1840*	1805	1840*
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1251	110	2251	55
		1252	430	2252	215
		1253	980	2253	490
		1254	1530	2254	765
		1255	2080	2255	1040
		1401	340	2401	170
		1402	340	2402	170
		1403	300	2403	150
		1451	1510	1451	1510
		1452	110	2452	55
		1453	1370	2453	685
		1501	1370	2501	685
		1502	490	2502	245
		1503	660	2503	330
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1801	790	2801	395
		1810	790	2810	395
		1810	790	2810	395
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee			
		SUBTOTAL (3)			
		\$ 1220			
1. FILING FEE					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
		SUBTOTAL (1)			
2. CLAIMS					
Total Claims	-20 =	Extra	Fee from below	Fee Paid	
Ind. Claims	- 3 =				
Multiple Dep. Claims	0	x	18	=	
			88	=	
		0	x	300	= 0
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim	
1204	88	2204	44	Reissue independent claims over original patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	
		SUBTOTAL (2)			
		0			

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	David J. McKenzie			Reg. Number	46,919
Signature		Date	Nov 29, 2004	Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.